附件9：

山西省小微企业创业创新示范基地

推荐表

申请单位名称：

所 在 市：

填 报 日 期： 年 月 日

推荐单位组织测评情况（随机抽取，不少于10家）

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| 测评方法 | □上门拜访 □电话询问 □网络互动 □书面征求 □其他 | | | | | | | | | | | |
| 抽样企业  名称 | 被访人员姓名 | | 职务 | | 联系电话 | 接受服务内容 | 所接受服务是否符合企业需求 | | | 对所受服务的总体评价 | | |
| 很符合 | 一般 | 不符合 | 很满意 | 基本满意 | 不满意 |
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| 企业对小  微企业双  创示范基  地的具体  评价及意见 |  | | | | | | | | | | | |
| **专家组评审意见** | | | | | | | | | | | | |
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| 专家姓名 | | 职务/职称 | | 工作单位 | | | | | | | 签字 | |
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| 市级中小企业管理部门（省直单位）推荐意见：  （盖章）  年 月 日 | | | | | | | | | | | | |